

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62		2				
63		2				
64		2				
65		2				
66		2				
67	1					
68		1				
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76	1					
77						
78						
79	1					
80		1				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
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90		2				
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92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						